

Online Registration  
Now available!

NOTTINGHAM RECREATION DEPARTMENT  
P.O. BOX 114, NOTTINGHAM, NH 03290



# **2016 SUMMER PROGRAMS REGISTRATION FORM**

Please complete both sides of this application form and return it with the registration fee to the Nottingham Recreation Department. Checks should be made payable to the Town of Nottingham.

**Please complete one registration form per participant.**

PROGRAM (circle one):

Camp

Pioneer

(Entering grades 1-5 in Fall 2016)

(Entering grades 5-6-7 in Fall 2016)

PARTICIPANT'S NAME: \_\_\_\_\_

RESIDENT OR NON RESIDENT: \_\_\_\_\_

Our scheduled programs run from 9:00 am to 3:30 pm with extended care from **7:30-9:00 am** and **3:30-5:30 pm**. There is a \$1.00 per minute charge for picking up participants after 5:30.

**I am aware of the pick up policy, please initial here:** \_\_\_\_\_

PLEASE NOTE WHEN YOU INTEND FOR YOUR CHILD TO ATTEND THE PROGRAM.  
COMPLETE ALL THE HOURS IN THE SECTION THAT YOU ANTICIPATE YOUR CHILD WILL ATTEND.  
(See example below – either all week or only on specific days.)

	All week:		Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
<b>EXAMPLE:</b>	8-5	<b><u>OR</u></b>	9-3:30	8-5:30		9-3:30	
Week 1: 6/27-7/1	_____	or	_____	_____	_____	_____	_____
Week 2: 7/4-7/8:	_____	or	<u>Closed</u>	_____	_____	_____	_____
Week 3: 7/11-7/15:	_____	or	_____	_____	_____	_____	_____
Week 4: 7/18-7/22:	_____	or	_____	_____	_____	_____	_____
Week 5: 7/25-7/29:	_____	or	_____	_____	_____	_____	_____
Week 6: 8/1-8/5:	_____	or	_____	_____	_____	_____	_____
Week 7: 8/8-8/12:	_____	or	_____	_____	_____	_____	_____
Week 8: 8/15-8/19:	_____	or	_____	_____	_____	_____	_____
(Drama Camp held 8/22-26)							
Swim Level (please circle)	1	2	3	4	5	6	Unsure
T-Shirt Sizes (please circle)	YS	YM	YL	AS	AM	AL	Free camp T-shirt with registration (while supply lasts)

Is there anything special we should know about your child? (Fears, comfort level with activities, relationship with peers, other things to help us make his/her experience as positive as possible)

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**Please note that both sides of this form need to be completed. This waiver includes travel by van or bus, swim activities, and *all* other program activities. Registration fee: \$20.00 prior to 5/31 (with free camp T-shirt guaranteed), registration after 5/31 \$30.00 (free camp T-shirt while supply lasts.)**

Please return all forms to the office as soon as possible. If there are any questions, please call us at 679-3435 or leave a message anytime and we will return your call.

**REGISTRATION/PARENTAL PERMISSION FORM**

(Please complete a separate form for each participant.)

Program name \_\_\_\_\_

Participant name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2016) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

I/We \_\_\_\_\_ and \_\_\_\_\_, parents of the above-named participant do  
Parent or legal guardian parent or legal guardian

hereby give permission for him/her to participate in the above-named Nottingham Recreation Department program. We/I acknowledge that we/I have reviewed the list of activities contemplated to be part of the program & give permission for our/my child to participate in these activities, with the following exceptions: \_\_\_\_\_

**Emergency Information**

Contact information (please provide a minimum of two numbers – *at least* the first number should be a parent/home):

1. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Parent)

2. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant's date of birth \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family doctor \_\_\_\_\_ Dr.'s phone number \_\_\_\_\_

Medical information (include *all* allergies and reactions, medications, and medical conditions) \_\_\_\_\_

Insurance (provider, group #, etc.) \_\_\_\_\_

**Photo/Waiver/Emergency Release**

The Nottingham Recreation Department \_\_\_\_\_ HAS \_\_\_\_\_ DOES NOT HAVE my permission to use any photo of my child taken during the above program on the Nottingham Recreation Facebook page and any other printed material.

While the Town of Nottingham agrees to make all reasonable efforts within its power to provide a safe and secure environment for children in the above-named program, the undersigned acknowledge that there remains some risk of personal injury in these activities, and therefore, the undersigned agrees to indemnify and hold harmless the Town of Nottingham, its agents, employees, and volunteers, from any and all liability, including claims by any person, along with demands, judgments, settlements, and costs, arising out of my child's participation in this program.

In case of an emergency and I/we cannot be reached by telephone, I authorize transport & treatment by qualified personnel.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification for Joint Offspring – JOINT CUSTODY ONLY**

I hereby certify that as one of two joint custodians of my child, I have conferred with the other custodian, whose name is \_\_\_\_\_, to execute this form on his/her behalf as well as my own.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Date received \_\_\_\_\_ Cash / Check (# \_\_\_\_\_) Amount \_\_\_\_\_

Notes: